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OSLER AS A STIMULUS TO STUDENTS OF MEDICINE

The Irving S. Cutter Medalist Address

C. GUY LANE, M.D., *Nu* - Harvard

(*Continued from February Issue*)

SPECIALISM IN MEDICINE—ADVANTAGES AND DANGERS

The real development of specialties was just beginning in his time. Osler recognized the advantages to the profession which followed the differentiation into specialties, especially in this country. He realized that "better work is done all along the line; a shallow diffuseness has given place to the clearness and definiteness which comes from accurate study in a limited field." "The restriction of the energies of trained students to narrow fields in science, while not without its faults, has been the most important single factor in the remarkable expansion of our knowledge. Against the disadvantages in a loss of breadth and harmony, there is the compensatory benefit of a greater accuracy in the application of knowledge in specialism." At the same time he advised the young physician "as he values his future life, let him not get early entangled in the meshes of specialism." "A serious danger is the attempt to manufacture rapidly a highly complex structure from ill-seasoned material. The speedy success which often comes from the cultivation of a specialty is a strong incentive to young men to adopt early a particular line of work. . . . . No more dangerous members of our profession exist than those born into it, so to speak, as specialists. Without any broad foundation in physiology or patholog, and ignorant of the great processes of disease, no amount of technical skill can hide from the keen eyes of colleagues defects which too often require the arts of the charlatan to screen from the public." This was long before the development of standards of training for the various specialties.

THE TEACHER'S INFLUENCE IN MEDICAL EDUCATION

Osler not only presented many excellent suggestions to students, but he, also, held very definite opinions on the teaching of medicine and contributed much to the betterment of undergraduate and graduate instruction. He was quite emphatic about a most important aspect of education, whether academic or professional, i. e., the personal influence of teacher on student. Regardless of the number of beds, the excellence of the laboratory, or of equipment, the personal contact of the teacher with pupil—the teacher's influence—was in his opinion the keystone to medical education. In other words, the proper choice of teachers contained the essence of proper instruction and stimulation. He indicated that "professors may be divided into four classes. There is, first, the man who can think, but who has neither tongue nor technique. Though useless for the ordinary student, he may be the leaven of a faculty and the chief glory of his University. A second variety is the phonographic professor, who can talk, but who can neither think nor work. Under the old regime he repeated year by year the same lecture. A third is the man who has technique, but who can neither talk nor think; and a fourth is the rare professor who can do all three: think, talk and work."

ON "SIXTY YEARS AND OVER"

In his opinion "the teacher's life should have three periods: study until twenty-five, investigation until forty, profession until sixty, at which age I would have him retired on a double allowance." . . . . " Insensibly, in the fifth and sixth decades, there begins to creep over most of us a change, noted physically among other ways in the silvering of the hair and the lessening of elasticity, which impels a man to open rather than to vault a five-barred gate." Osler received much undesirable publicity from his statement about sixty-year-old teachers, but he later reaffirmed his opinion, at the same time "tendering his heartfelt regrets to every man over sixty whose spirit he may have thus unwittingly bruised."

THE PROGERIC

He, also, commented in regard to teachers that: "Progeria is an awful malady in a college. Few faculties escape without an instance or two. . . . The progeric himself is a nice enough fellow to

look at and to play with, but he is sterile (of ideas), with the mental horizon narrowed, and quite incapable of assimilating the new thoughts of his day and generation." "Early stages may be relieved by a prolonged stay at the University Baths of Berlin or Leipzig or a transfer to another institution." Osler felt that in his day "collegiate infantilism is far too prevalent, against which the freer air and better diet of the fully equipped State Universities are proving a rapid, as they are the rational antidote."

VALUE OF TRAVEL AND OBSERVATIONS

In Osler's day there had been no World War to destroy the great clinics and outstanding teachers of the old world, but his basic idea of travel as a medium of acquiring knowledge still holds good. We find him saying, "If he (the physician) cannot go abroad, let him spend part of his short vacations in seeing how it fares with the brethren in his own country." . . . "If the work is to be effective, the student must keep in touch with scholars in other countries." In short, he expressed the conviction that a student or physician was dead mentally in ten years without study.

MEDICAL LIBRARIES— HOW TO USE THEM

He read widely in the world's best literature and his writings are filled with quotations and allusions to these books. He was possessed of real literary ability himself, and to this was added the influence of his knowledge of literature. He constantly reminded his hearers and his readers of books and emphasized the influence of established medical libraries wherever he went. "To study the phenomena of disease without books is to sail an uncharted sea, while to study books without patients is not to go to sea at all." And yet, "The true worker does not want textbooks; he looks to journal literature and monographs." In this connection he quotes an old description of four sorts of readers: 'Sponges, which attract all without

(Concluded on Page 5)

TOWARD THE BROADER VIEW

Address of President of the Grand Chapter

PAUL L. McLAIN, M.D., *Chi* - Pittsburgh

(Continued from February Issue)

CHAPTER OBJECTIVES

Let us now try to picture the effects of a general resurgence of national consciousness, and the means by which such a movement may be fostered. First, chapter life takes on color and meaning far deeper, more significant, and more enduring than that encompassed by the immediate and obvious advantages of fraternity membership. The chapter becomes more than a boarding club, drinking society, discussion group, or exclusive coterie of friends, wrapped in its own affairs, shrinking into its own tradition. Without losing any worth while social or professional characteristic which may be the necessary or accidental result of its local situation, it becomes, in addition, a conscious partner in a great adventure, assured of the sympathy and backing of the other partners, free to capitalize on their respective strengths, in a position to study and avoid their weaknesses. With continuity of objectives comes the sensation as well as the fact of progress in a known direction, and high chapter morale is assured. As more and more individuals understand that their fraternity represents a positive force toward specific goals, and that their membership implies some responsibilities toward this force, the percentage of dead wood in the chapter decreases, and the activities of those who would be active in any event becomes more decisive. Chapter management therefore gains in efficiency. At the same time, as a result of the broadened outlook, the chapter becomes aware of the national pulse in a way which comes to have less and less to do with fees and reports, more and more to do with the big educational program on which the Fraternity is embarked. If the chapter contributes significantly to the life of its school and its members, it is bound to gain in alumni strength, a strength which, if fostered in national consciousness, can also be felt nationally because of geographic dispersal after graduation. It is important to note that national consciousness can have no adverse effects locally. On the contrary, it can only strengthen the local position. There is no inner circle or special group which stands to benefit; medicine benefits, medical students benefit, medical education benefits, in proportion to the success of the national program. The only national success is an aggregate of local successes, achieved with a cosmopolitan outlook.

I have already mentioned that we are not completely devoid of national consciousness. It is an attribute which develops almost spontaneously in a certain minority of fraters. However, the spontaneous awakening of national consciousness is haphazard both in time and in space. Further, it usually occurs at a time and under circumstances which make its possessor unwilling—or at least hesitant—about putting his vision to work; namely, after graduation. Hence, a good part of our precious resource remains latent. Obviously, the need is for mechanisms, first of increasing the density of national consciousness among the membership, and second, of discovering and properly using national-mindedness when it is available.

PLEDGE TRAINING

The first job, that of creating widespread national awareness among our members, is to my mind very simple in principle, and can be just as simple in practice if only enough people work at it consistently. Fundamentally, it demands systematic and persistent education of the membership in Fraternity matters. The logical starting point

is the pledge. There is no more important and no more neglected chapter function than pledge training. The reasons are too obvious for recital, but I can say to you that if you have chronically poor alumni support, a dearth of willing workers in your chapter, a general lack of organization in your chapter affairs, do not blame the rushing chairman; rather examine critically your pledge training program, if any. If the pledge is to become a good frater, as undergraduate and later as alumnus, he must at the barest minimum know what the Fraternity is all about. Specifically, he must be made aware of the salient points in the history of the Fraternity, its organization, its objectives, its laws. To my mind, these features surpass in importance such superficialities as expertness in the Greek alphabet, learning the chapter roll from both ends, and similar traditional requirements. I freely admit that some background for the fraternal ideas should be imparted to those who have not had previous fraternity experience.

Sound, comprehensive, meaningful pledge training must be backed by a strong chapter program. On the administrative side, the obligations of the chapter to the national body should be repeatedly explained to the chapter members, and the light yoke of the Central Office should be borne efficiently by the chapter officers. Misunderstandings should be taken up immediately, through the councilor or directly, with the national officers. While I do not deny that mistakes have been made, I know of no instance, in past or present administrations, where patient and sympathetic responses to chapter problems were not forthcoming. On the professional side, the chapter should offer a program aimed at supplementing the formal medical curriculum. There can be—there should be—no set pattern for the educational activities of the chapter. There can and should be free interchange of ideas, through the publications of the Fraternity. Concrete suggestions should be made by the national office to the chapters as new plans and implementations are developed. In connection with all phases of chapter activity, there should be a definite and conscious emphasis upon the national character of the organization. National perspective is essential in the avoidance of a strangling provincialism. The local situation is always present, always pressing inward upon the chapter. The chapter must try to look beyond this curtain. You are your brother's keeper; "Send not out to find for whom the bell tolls; it tolls for thee."

GRAND CHAPTER AIMS

The Grand Chapter is organized, and the national officers are elected, to foster and preserve the unity of the Fraternity. While I have been at some pains to develop the stake and responsibilities of the chapters in the promotion of national consciousness, I have in no way attempted to side-step the vital part which the national organization must play in this process. The national body must keep the chapters and alumni informed repeatedly and through various channels, on all matters affecting the organization. The channels include general and special publications, correspondence, and personal visitation between meetings of the Grand Chapter, and, most importantly of all, the Grand Chapter convention itself. Beyond this, the national body must assume the responsibility of locating and utilizing the best Fraternity talent on a national scale. This latter, you may recall, was placed before you as the second great task with which the organization is faced. Certainly, the chapters cannot do their part in support of heightened national consciousness unless the central agencies of the Fraternity supply the necessary material and inspiration. You may judge, from what you see and hear in the next few days, where we stand in this part of the program, and why.

Experience has shown that conventions of the Grand Chapter are the most effective means of stimulating the type of national awareness which we have been discussing. While delegates rather uniformly approach the meetings with vague notions about the Fraternity, they quickly catch the spirit and glimpse the wide horizons, participating with an intelligence and seriousness which is an inspiration to their elected officers. All too frequently, however, they fail to carry through on their jobs. They may faithfully report the letter of the proceedings to their constituents, but they are apt to relay poorly if at all the feeling. This failure is natural and understandable, since there is always an intangible element difficult to put into words. On this occasion, which I consider a major opportunity for initiating a campaign in favor of extended Fraternity consciousness, I should like to take the liberty of charging the delegates as members of the Grand Chapter, much as they have been charged as spokesmen for their respective chapters.

GRAND CHAPTER DELEGATES

Delegates, you are representatives of the national organization of Phi Rho Sigma. Use the opportunity afforded by this meeting not only to further the best interests of your chapter but to learn all you can about Phi Rho Sigma, the international Fraternity. As representatives of this larger body, your duty is to carry with you, and to enlarge upon in your own situation, certain national concepts. You are the ambassadors of national consciousness. Do not content yourselves with a perfunctory report to the chapter. Rather, make sure, by repeated precept and example, that your members realize their national affiliations and understand them. You have a short three days to learn your jobs. Live Phi Rho Sigma for those three days, and the chances are good that you will live it for the rest of your lives.

Dr. Dale P. Osborn, *(Nu—Harvard)*, was recently elected Chief of Staff of the Good Samaritan Hospital in Cincinnati. The Good Samaritan is the largest private hospital in the Ohio Valley area. It has a capacity of some seven hundred fifty beds.

Dr. Osborn was also honored by his recent election as president of the University Club of Cincinnati, an organization of some six hundred members. Dr. Osborn is now on his twenty-fifth year of residence and practice in Cincinnati.

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of Phi Rho Sigma

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EDITORIAL COMMENT

EXECUTIVE COUNCIL MEETS IN PITTSBURGH

On March 19-20, the Executive Council of Phi Rho Sigma held a two-day session in Pittsburgh, at Hotel William Penn. Reports of Officers, Trustees and Chairmen of Standing Committees were received and discussed. In due course, the Central Office will inform Chapters Collegiate concerning those actions taken, wherein new procedures were adopted that are to be put in operation. The two days of intensive expression of opinion by those present on the policies of Phi Rho Sigma revealed the Fraternity to be in excellent condition, but that much work—as in all active organizations—was yet to be done.

The Committee on Publications, of which William Bromme *(Zeta—Michigan)* is chairman, presented advance copies of a new brochure, "Fraternitas—An Orientation for a Professional Fraternity." From the foreword of this excellent work, two paragraphs are taken, since they indicate not only the foundation on which Phi Rho Sigma's existence is based, but also the aspirations our Fraternity holds for those whom it admits to membership:

"It has been the traditional position of the physician in the community that he exemplify the best and the most solid aspects of community existence. By virtue of his professional training he has healed the sick, comforted the afflicted. He has been witness to the secrets of the beginning and the end of life itself. He has been counselor and confessor. He has given his time and his talent for the progress of the community. He has not infrequently given his life for the perpetuation of the freedoms which are the heritage of the American society.

"Historically, it has been the good fortune of Phi Rho Sigma to search out, pledge and initiate young men who are training for the medical life in this pattern of good citizenship; to see the young graduates in medicine seek good hospitals for the continuation of their clinical training and ultimately take their places in the community as practitioners of the best in medicine, continuing in the Fraternity as members of Chapter International."

Chapters in the brochure include articles on: Your Fraternity; What It Means to Belong to Phi Rho Sigma (The Prospective Pledge, The Active Member, The Alumnus, The Journal; The Structure of Phi Rho Sigma (Organization of The Fraternity, The Central Office); A Brief Chronological Sketch of the Fraternity; and The Phi Rho Sigma Coat of Arms.

The outline above indicates the scope of this handsomely printed brochure of some 32 pages, which has as its closing statement:

"Phi Rho Sigma is devoted to the development in its members of the highest standards and acts of honor, chivalry, unselfishness, tolerance, industry and loyalty to the established code of ethics of our profession."

"Fraternitas" is a welcome addition to publications such as The Manual (1929) and The Medical Student (1938) brought out by Phi Rho Sigma in former years. The Executive Committee voted its opinion in a resolution of appreciation to Author-Compiler, Frater William Bromme of Detroit.

ON "PRECEPTOR - BIG BROTHER PLAN"

In the February issue of THE JOURNAL, editorial comment was made concerning a plan which it was hoped could be tried out in suitable cities; and by which alumni members of Phi Rho Sigma who volunteered for such service, would act as Big Brother—Preceptors to members of Chapters Collegiate. The establishment of such relationships could be made to be not only of very great value to undergraduate Actives, but would also be of real benefit to Phi Rho Sigma at large, in maintaining cooperative effort by alumni who ordinarily would drop out of active work for the Fraternity.

It is gratifying to be able to announce that the plan is being instituted for try-outs in two pilot areas—Pittsburgh and Los Angeles. In the latter city, because of the nearness of the end of the school year, and because members of the graduating class by now will have gotten future plans regarding internships and post-college careers well in hand, it was decided to take on as Younger Brothers, only members of the Junior and Sophomore classes of Delta Chapter at U. S. C.

To any who are interested in this plan, a re-reading of the comment that was made in the February issue is suggested. If additional information is desired, the Editor will be glad to mail copies of letters and blanks he sent out in conjunction with the institution of the project in his social fraternity.

The Editor sees in the Preceptor-Big Brother Plan, not something particularly new in medical organization, but rather a return to the system in vogue a century or so ago when, with inadequate collegiate facilities in medical training, much reliance was placed on "preceptors," who were physicians in active practice.

While it is true that almost marvelous advances have been made in

medical school training in recent years, it is also a patent fact, that the neophyte physician of today needs (and often feels the need of) guidance, as he goes out to take up private practice in the somewhat confused medical world in which we now live.

Also, it follows that a recent graduate in medicine, who is about to embark in civil practice, will be able to face the many new problems in medical economic and other adjustments, if he has had, during his last two years in undergraduate work, not only the teachings of his college faculty, but the special sponsorship of fraternal relation of a Big Brother in Phi Rho Sigma.

The thought is here expressed that, during the coming year, in places other than Pittsburgh and Los Angeles, the Preceptor-Big Brother Plan will be given earnest consideration by alumni who are resident in cities having near-by chapters; and that efforts will be made to put the plan in operation in practically every community where Phi Rho Sigma has an active chapter. As stated above, alumni and chapter members who are interested are invited to feel free to write to the Editor, if further information is desired.

PUBLIC RELATIONS AND THE DOCTOR

At the meeting of the Executive Council of Phi Rho Sigma held at Pittsburgh, one of the topics considered was that of Public Relations. This topic at the present time is of special interest because of the wide-spread discussion concerning the advantages and disadvantages of Greek letter societies that is taking place in certain lay publications and on many campuses. Frater William Bromme, editor of *Detroit Medical News*, who was among those taking part in the Committee discussion, was requested to put some of his ideas on the subject in writing. Chapters Collegiate and Alumni also will do well to consider the points brought out in the following statement:

PUBLIC RELATIONS AND THE DOCTOR

The basic relationship between the public and the medical profession is based on the contact between John Citizen and J. Medicus, and the sooner all doctors recognize this, and the earlier in their careers they accept this, the better will be the relationship between them. It is almost an axiom that the unspectacular day-by-day faithfulness of the doctor is unrecognized, and the impractice of one doctor becomes a spectacular discredit to all doctors. Consequently, all members of our Fraternity must bear in mind constantly that the entire profession is judged by what each man does or fails to do.

The unnecessary disturbance of the local peace in the neighborhood of a chapter house is bad public relations. The failure of the chapter to integrate itself into the social and educational and recreational program of its campus is bad public relations. The failure of the fledgling D. Medicus to accept the full responsibilities of citizenship in his community is bad public relations.

In view of the contributions made in the cause of good citizenship by members of our Fraternity, it is apparent that we already have a healthy understanding of what "public relations" means. It is imperative in these days that every member maintain his own relationship with the public on the highest plane so that what we are and what we believe in, is recognized in what we do.

OSLER AS A STIMULUS TO STUDENTS OF MEDICINE

(*Continued from Page 2*)

distinguishing; Howre - glasses, which receive and powre out as fast; Bagges, which only retain the dregges of the spices and let the wine escape; and Sieves, which retaine the best onely.' "A man wastes a great many years before he reaches the 'sieve' stage."

THE MASTER WORD IS "WORK"

In one of his masterly addresses to the students of the University of Toronto, thirty-five years after he entered the school, he revealed the secret of life as he saw it being played, and as he had tried to play it. He revealed his master-word of life in the hope that some of the students at least would lay hold upon it to their profit. He described it in a very vivid paragraph, of which I quote only a portion. "It is the 'Open Sesame' to every portal, the great equalizer in the world, the true philosopher's stone which transmutes all the base metal of humanity into gold. The stupid man among you it will make bright, the bright man brilliant, and the brilliant student steady. . . . . It is directly responsible for all advances made in medicine during the past twenty-five centuries. . . . . Not only has it been the touchstone of progress, but it is the measure of success in everyday life. Not a man before you but is beholden to it for his position here, while he who addresses you has the honour directly in consequence of having had it graven on his heart when he was as you are today. And the master-word is WORK."

* * *

In these few moments I have tried to bring to you something of the philosophy of life of Sir William Osler and a hint of Osler as a source of inspiration to student and physician, and to the practice of medicine in his time. These particular quotations may not strike a sympathetic note in you, but I pray you, search his words further and profit thereby.

MEMORIAL PLAQUE TO THE LATE CAPT. LEONARD McGEE

In memory of Capt. Leonard McGee *(Rho-Jefferson)*, a plaque was recently dedicated at the blood bank of the Nazareth Hospital in Philadelphia. The plaque reads as follows:

IN MEMORIAM
CAPT. LEONARD McGEE
Medical Corps, U.S. Army

*

A Member of the
First Interne Group Nazareth Hospital
Killed in Action March, 1945 - R.I.P.

*

This Blood Bank Equipped And Donated
In Humble Appreciation By
The Holy Family Guild

OPHTHALMOLOGY AS A CAREER

By ROBERT STEELE IRVINE, M.D., *Alpha Beta*

Assistant Clinical Professor of Ophthalmology
Stanford Medical School, San Francisco
Councilor for California

ROBERT STEELE IRVINE, M.D.

Sir William Osler, whose study in London included a period as House Surgeon at Moorfields Eye Hospital, wrote "I had hoped in an ophthalmic practice, to have a considerable amount of time at my disposal, and a fair return in a shorter time, but in a general practice, which will be much slower to obtain, whatever time you have is always liable to be broken in upon." His biographer, Harvey Cushing, puts it thus: "He decided upon a specialty, which would, in his spare time, permit him to pursue science."

It would be difficult for me, even at this time, to set forth better reasons for choosing Ophthalmology as a specialty. Osler was diverted from his purpose, however, by learning that another man, who had completed his training, had decided to enter practice in Montreal, which was the place to which he intended to return.

Ophthalmology doubtless lost a great man by this turn of Fate. However, Osler's office record book shows that on one occasion he did remove a foreign body from a man's cornea, for which he was paid the sum of One Dollar (Canadian).

At that time, there were practically no facilities for specialist training in America, and everyone was obliged to spend time in Europe; but at present there are about a hundred hospitals offering clinical and laboratory facilities, and courses in the basic subjects of 3 to 9 months' duration are offered by several universities.

The goal of all training is the Certificate from the American Board of Ophthalmic Examiners, which is required by most eye and general hospitals for appointment or promotion on the staff, and many societies require it as a prerequisite for membership.

This Board was set up in 1917 "to elevate the standards of Ophthalmology, to determine the competency of practitioners professing to be specialists," etc.

To date this Board has held 86 examinations, and has certified about 2,700 applicants, and now requires one year of general internship (Wilmer Hospital excepted) and at least three years of residency and/or preceptorship, and consists of a written examination, and an oral and practical examination covering every phase of ophthalmology.

Competition for places in the better hospitals is keen, but the training is excellent, and the men usually step into waiting places as associates or groups, or by themselves.

The demand for eye physicians is far ahead of the supply. Many of the disabling eye diseases may be arrested. There is great opportunity for research into the causes of glaucoma and cataract. Furthermore, every person who lives is a candidate for an examination for glasses before he reaches 55, although he may live his life without needing the dermatologist or orthopedist. A poll of 1,000 persons wearing glasses who paused to view the exhibit called "The Human Eye," at the Exposition in San Francisco in 1940, revealed that 48% had purchased them from an Optometrist.

The Ophthalmologist sees his patient's entire body through the pupil. In no other part of the body may so much vital pathology be packed in a millimeter of space. Furthermore, no other type of surgery is so exacting. You will rarely be called upon to sign a death certificate or console a bereaved family, but sight is priceless. The stakes are high, but the rewards are great. If you have a good pair of eyes and steady hands, you will find Osler and Cushing didn't say half enough in favor of it.

SOME REFERENCE BOOKS FOR A LEADERSHIP COURSE

A Short Cut to Correct Pronounciation, Estelle B. Hunter, Vol. 1 and 2, The Better English Institute of America, 58 E. Washington, Chicago, 51, Illinois.

The Working Principles of Rhetoric, Genung Ginn and Co.

The Development of the English Language and Literature, Welsh, Scott, Foreman and Co.

Leadership in the New Age, Frederick Wellsworth Wolf, New Age Publications, Wellesley, Boston 81, Massachusetts, $2.75.

Style Rule, Wordsmith, 33 University Place, New York 3, N. Y., $1.00.

How to Develop Your Executive Ability, Daniel Starch, Harper & Brothers, $3.00.

Art of Leadership, Ordway Tread. McGraw-Hill, New York, 1935.

How To Use Psychology in Business. D. A. Laird. 1936. 378 pp. Illustrated. McGraw-Hill Book Co., 330 W. 42nd St., New York 18, N. Y., $4.00.

Human Nature and Management. Ordway Tread. 1933. Second edition. 338 pp. McGraw-Hill Book Co., 330 W. 42nd St., New York 18, N. Y. $3.50.

Human Relations Manual for Executives. Carl Heyel. 253 pp. McGraw-Hill Book Co., 330 W. 42nd St., New York 18, N. Y. $2.00.

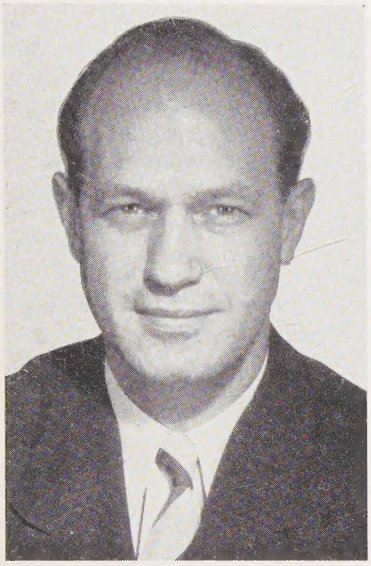
Psychology Applied to Life and Work. Hepner. Prentice-Hall, Inc., 70 Fifth Ave., New York City. $5.00.

Every Day Business Speech. Prentice-Hall, Inc., 70 Fifth Ave., New York City. $3.65.

More Power To Your Words. Wood. Prentice-Hall, Inc., 70 Fifth Ave., New York City. $2.50.

OPHTHALMOLOGY AS A CAREER

By ROBERT A. NORENE, M.D., *Delta*
Member of Faculty, University of Southern California Medical School



ROBERT A. NORENE, M.D.

It is wise if one can make the choice of a career early, for then the time can be concentrated on studies along these lines and time will not be lost on indecision. It is becoming more and more difficult for a doctor to enter the field of ophthalmology through general practice.

Generally, ophthalmology is assigned a relatively and undeservedly inferior position on the present day crowded medical curriculum by both the medical authorities and the students. the hours that are assigned to this field are inadequate for a comprehensive study, and unless the student possesses an unusual desire and interest there is little time to be spent for reading the voluminous treatises on the eye. Consequently the graduating medical student, except for the more important eye diseases, possesses little knowledge about eye procedures.

Doubts may assail you as an interne on considering Ophthalmology as a career. Eye combined with ear, nose, and throat would seem broad enough. But eye alone? This appears on first thought to be a narrow field lacking in variety. Probably a well-rounded internship of one or two years is or is about to be completed, and you have become proficient in interpreting heart and chest sounds, reading an electrocardiograph, and you have learned to do a fair number of surgical procedures well, such as appendectomies and hernia repair. You hate to throw this recently acquired knowledge away without a chance to capitalize on the hard hours spent acquiring it. Thus you may be in a quandary about starting a seemingly limited field when other fields seem broader and more diversified.

Ophthalmology covers a broad field. It offers diverse interests for a clinical practice in surgery and medicine, and for research. A well-rounded internship is not only an asset but a requirement. The skill and knowledge of general medicine and surgical principles gained from such an internship are put to good use in the treatment of eye conditions, for the eye is not an isolated organ of the body, but it is a part of the body and is affected by generalized body disease. An inflammatory reaction is apt to occur in the highly vascularized tissues of the retina and choroid secondary to an infection affecting a distant portion of the body. The underlying basic reactions to disease in the eye are not different. It is just a recognition of the reshaping of these basic reactions of the tissue cells in the eye structures. A knowledge of neurological disorders also will be of great value. It will aid in solving the problems met with in daily practice, for the simplest act of vision involves the mind as well as the eye and radiation.

Ophthalmology is one of the most exacting of the specialties, and it will provide an attraction for those whose interest lies naturally in things that can be seen and measured. Many ophthalmic instruments have been devised and are available to aid in examining the eye structures and the visual function. But fundamentally there has been no outstanding advance in principle since the era of Gullstrand in instrument construction for clinical use. However, there has been considerable improvement made in the design and construction of ophthalmic instruments and in the attachments to be used for special purposes.

An outstanding example of this gradual progress is the ophthalmoscope. It is outstanding over the instruments of twenty years ago through the improvements made in its optical, electrical and mechanical construction.

The slit lamp or biomicroscope is another instrument that has made immense contributions toward the advance of clinical ophthalmology. It provides a means of studying conjunctival and corneal detail in health and disease. It enables one to study the changes in the albumen content of the aqueous humor such as occur in inflammatory reactions of the iris and ciliary body. This is based upon the fact that such changes modify the light scattering properties of the aqueous. An enlargement in the knowledge of the clinical appearance of the various cataracts has resulted from the slit lamp providing a means for a biophysical analysis of the living lens. The perimeter and campimeter in their various forms provide information of value in diagnosis by field investigation.

For determining the refractive condition of the eye there has been little change made in the test chart, trial case, and cross cylinder. They are much as they were forty years ago.

Restoration of eyesight has always possessed an emotional appeal to the seeing public. In

surgery, ophthalmology frequently offers much satisfaction to both patient and doctor by its results. Most recent in interest have been the refinements in the technique of cataract extractions, the restoration to position of the retina in retinal separations, and the popularization of the technique of corneal grafting. Suggestions which have been new and beneficial are being made in the fitting of artificial eyes. Progress in the straightening of crossed eyes by visual training and surgery is going on.

In ophthalmic medicine the greatest advance has been made in chemotherapy. The sulfonamides have become firmly establshed in the equipment for treatment in ophthalmology. The new have replaced the old as they have proved to be more effective and less toxic. Unequaled in ophthalmic history is the magic being worked by penicillin on eye infections that formerly took months to heal but now are cured in days, such as gonococcal conjunctivitis. Probably it is true, however, that the bacteriostatic drugs are less applicable in ophthalmology than in other specialties, because many ocular inflammations are reactive or allergic and not infective, as in the so-called rheumatic inflammations of synovial membranes.

Ophthalmology is advancing in the fundamental sciences. From Sir Stewart Duke-Elder it is learned that research work concerned with the practical application of the physiology of vision is active and promises in the future to yield results of value.

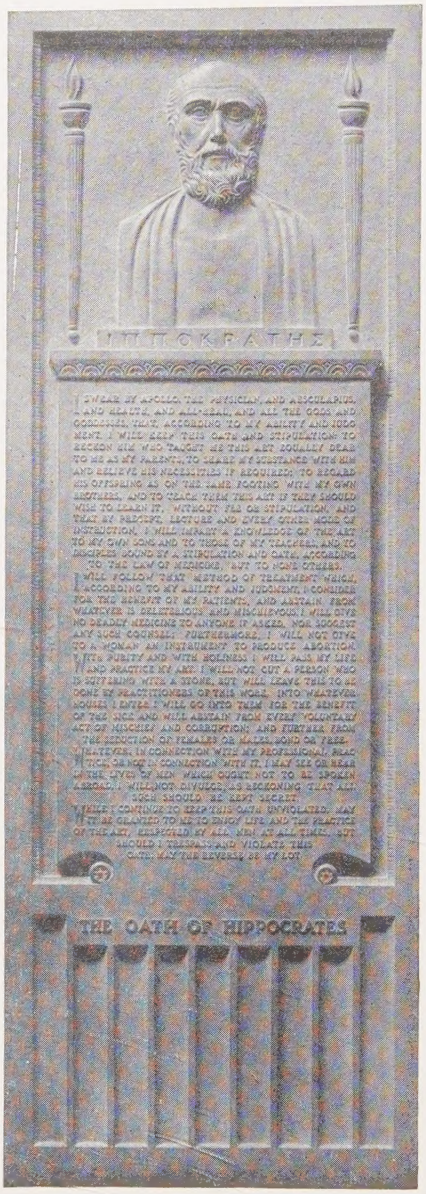
Ophthalmology will provide an attractive and interesting career. Choose your training wisely, for remember that good training is essential and as a general rule the greatest contributions are made to the subject by those who have had the best preliminary training.

A few friends, a few books, indeed a very few, is all we need to make us happy. Life, in its wisdom, is simple.

CENSOR MEDICINÆ

Hippocrates*

(460-375.351 B.C.)



• The history of all the sciences contains the names of those who have been unappreciated during their generation because their observations and writings have been lost in the fog of popular fallacy. Hippocrates is no exception. Had the physicians of the following nineteen hundred years rejected the dogmas of Galen and applied themselves to the work of the Father of Medicine this science would now be further advanced. Lengthy philosophical discussions replaced clear scientific thought and the blind adherence to what was mistaken for the voices of authority was not conducive to original observation and constructive clinical thought. Having had his eminence in the field of medicine recognized after nearly two thousand years of blundering and obscurity, is the distinction which the world now accords Hippocrates.

*Illustration, Courtesy of *Fraternity Month*.

• Marking the golden age of Pericles, Hippocrates was born on the Island of Cos in the year 460 B.C. Having received an internation education in medicine and having practiced extensively, he learned at an early age the importance of careful clinical observation and of the necessity of elevating medicine from superstition, and of applying common sense in the place of incantations and burnt offerings. Being an extremely orderly thinker he whipped the indefinite medical theories and the impractical sciences into a system which is to this day a model of clinical medicine and of practical therapeutics. Under Hippocrates, medicine came into its own and surgery was definitely reduced to its proper position of a means of therapy rather than an end in itself. The treatment of disease was taken from the hands of the priest and given over to the physician who was trained to utilize his senses as a means of facilitating diagnoses and of prognostication, Definite disease entities were established and the various theological and philosophical dissertations were discarded. That the bedside system of the teaching and practice of medicine, as advocated by Hippocrates, has stood the test of time for twenty-three hundred years, testifies to the genius of one who was a contemtemporary of the most brilliant minds that the world has ever produced. Hippocrates is justly the Father of Medicine and the greatest of all physicians.

• Until the time of Daniel Drake and his exhaustive treatise on "The Principal Diseases of the Central Valley of North America,"

the volume, "On Airs, Waters and Plants," of Hippocrates was the first work attempted on such a tremendous subject. His careful observations on the various diseases are the models of clinical efficiency.

• In the teaching of medicine, Hippocrates stressed the importance of bedside instruction, making careful note of the appearance of the face and skin, the tongue, the eyes, the expression, the attitude of the body, the pulse, the respiration; in all, a complete clinical picture of the sick patient. There was nothing dogmatic in his teachings as he urged the necessity for clinical observation, correlating his findings with the morbid conditions. Scarcely any specialty today has been excluded from the works of Hippocrates.

• Had Hippocratic medicine been the ideal, physicians for more than thirteen hundred years would have been advanced in science; but the later Galenic influence having been the ultra in medicine, medicine as a profession became dogmatic and philosophic and fell into disrepute. With the open-minded attitude advocated by Hippocrates and the constant endeavor for experimental observation which is so widely stressed in his writings, the dark ages of civilization would have had at least one shining light. Hippocrates realized that his system of medical thought and medical teaching was an innovation, and in carefully reading his works one is often struck with the idea advanced by this ancient writer—that his concepts were only the beginning of this system, and that the reader be led to increase his knowledge by further study.

The life and works of Hippocrates are one of the most interesting backgrounds of modern medicine and in order to more fully appreciate the medical sciences today, students are urged to become intimately familiar with these absorbing subjects.

On Medical Oaths and Traditions From the Ancients and Moderns

Not only physicians, but the lay public have more or less knowledge of the Oath of Hippocrates, as it has come down to us from the Father of Medicine, who practiced the healing art in the period 460-375 B.C. The article in this issue on Hippocrates, by a frater in Phi Rho, is the reason the Oath of Hippocrates, with others of like nature is given place in this issue. It is interesting to note in what high esteem the healing art was held by the Ancients. Neophytes in the study of medicine, as represented by members of our Chapters Collegiate, may find reading these oaths and admonitions to be as interesting as a perusal of a scientific topic. Those who care to learn more concerning these oaths, should refer to the volume, "THE ROMANCE OF MEDICINE," by Gordon *(F. A. Davis Press)*. Its chapter on Ancient Conception of Medical Ethics and Practices makes good reading for all Doctors of Medicine.

Some of the oaths, traditions and encomiums that have come down to us, follow:

* * *

THE OATH OF HIPPOCRATES
(Hippocrates—460-375 B.C.)

I swear by Apollo the physician—and Aesculapius — and health — and all-heal and all the gods and goddesses—that—according to my ability and judgment I will keep this oath and this stipulation—to reckon him who taught me this art equally dear to me as my parents—to share my substance with him—and relieve his necessities if required—to look upon his offspring in the same footing as my own brothers—and to teach them this art—if they shall wish to learn it—without fee or stipulation—and that by precept — lecture and every other mode of instruction—I will impart a knowledge of the art to my own sons—and those of my teachers—and to disciples bound by a stipulation and oath according to the law of medicine—but to none others—I will follow that system of regimen which—according to my ability and judgment—I consider for the benefit of my patients—and abstain from whatever is deleterious and mischievous—I will give no deadly medicine to anyone if asked—nor suggest any such counsel—and in like manner I will not give to a woman a pessary to produce abortion—with purity and with holiness I will pass my life and practice my art—I will not cut persons laboring under the stone—but will leave this to be done by men who are practitioners of this work—into whatever houses I enter—I will go into them for the benefit of the sick—and will abstain from every voluntary act of mischief and corruption—and further—from the destruction of females or males — of freemen and slaves — whatever — in connection with my professional practice—or not in connection with it—I see or hear—in the life of men—which ought not to be spoken of abroad—I will not divulge—as reckoning that all such should be kept secret—while I continue to keep this oath unviolated — may it be granted to me to enjoy life and the practice of the art—respected by all men—in all times—but should I trespass and violate this oath—may the reverse be my lot.

THE OATH OF THE HINDU PHYSICIAN
(Circa 300 B.C.?)

You must be chaste and abstemious—Speak the truth—Not eat meat—Care for the good of all living things—Devote yourself to the healing of the sick even if your life be lost by your work—Do the sick no harm; not even in thought—Seek not another's wife or goods—Be simply clothed and drink no intoxicant—Speak clearly, gently, truly, properly — Consider time and place—Always seek to grow in knowledge — Do not treat women except their men be present—Never take a present from a woman without her husband's consent—The physician should enter a house accompanied by a man suitable to introduce him there—He must pay attention to all the rules of behavior in dress, deportment, and attitude — Once, with his patient, he must in word and thought attend to nothing but his patient's case and what concerns it—What happens in the house must not be mentioned outside—Nor must he speak of possible death to his patient, if such speech is liable to injure him or anyone else—In face of gods and man, you can take upon yourself these vows—May all the gods aid you if you abide thereby—Otherwise may all the gods and the sacra, before which we stand, be against you, and the pupil shall consent to this, saying, so be it.

THE EULOGY OF SIRACH
(Apochryphal Book of Ecclesiasticus)
(38:1-15; Third Century A.D.)

"Honour a physician with the honor due unto him for the uses which ye may have of him; for the Lord hath created him.

For of the most High cometh healing, and he shall receive honor of the king.

The skill of the physician shall lift up his head: and in the sight of great men he shall be in admiration.

The Lord hath created medicines out of the earth; and he that is wise will not abhor them.

Was not the water made sweet with wood, that the virtue thereof might be known?

(Continued on Page 10)

And He hath given men skill,
that He might be honored in His marvelous works.

With such doth he heal (men), and taketh away their pains.

Of such doth the apothecary make a confection; and of his works there is no end; and from him is peace over all the earth.

My son, in thy sickness, be not negligent; but pray unto the Lord, and He will make thee whole.

Leave off from sin, and order thy hands aright, and cleanse thy heart from all wickedness.

Give a sweet savour, and a memorial of fine flour; and make a fat offering, as not being.

Then give place to the physician, for the Lord hath created him;

Let him not go from thee, for thou hast need of him.

There is a time when in their hands there is good success.

For they shall also pray unto the Lord, that He would prosper that, which they give for ease and remedy to prolong life.

He that sinneth before his Maker, let him fall into the hands of the physician."

THE OATH AND PRAYER OF MAIMONIDES

(Maimonides—Islamic Philosopher and Sage of Cordova)
(1135-1204 A.D.)

Thy Eternal Providence has appointed me to watch over the life and health of thy creatures. May the love for my art actuate me at all times: May neither avarice, nor miserliness, nor the thirst for glory, nor for a great reputation engage my mind; for the enemies of truth and philanthropy could easily deceive me and make me forgetful of my lofty aim of doing good to thy children. May I never see in the patient anything but a fellow creature in pain. Grant me strength, time, and opportunity always to correct what I have acquired, always to extend its domain: For knowledge is immense and the spirit of man can extend infinitely to enrich itself daily with new requirements. Today he can discover his errors of yesterday and tomorrow he may obtain a new light on what he thinks himself sure of today. O God, thou hast appointed me to watch over the life and death of thy creatures: Here I am ready for my vocation.

And now I turn unto my calling:

O stand by me, my God, in this truly important task: Grant me success: For — without thy loving counsel and support, man can avail but naught. Inspire me with true love for this my art and for thy creatures, O, grant that neither greed for gain, nor thirst for fame, nor vain ambition, may interfere with my activity. For these I know are enemies of truth and love of men, and might beguile one in the profession from furthering the welfare of thy creaures. . O strengthen me. Grant energy unto both body and soul that I might ever unhindered ready be to mitigate the woes. Sustain and help the rich and poor, the good and bad, enemy and friend. O let me ever behold in the afflicted and suffering, only the human being.

THE EULOGY AND COUNSEL OF THEODORIC

(King Thedoric the Great)
(454-526 A.D.)

Among the most useful arts which contribute to sustain the faith of human nature, none can be placed above or on an equality with medicine; it ever assists the sick with material benevolence, it banishes our pains. Desist, O Practicer of the medical art, from contests that injure the patient, and if you are not able to be in accord, consult someone who can be interrogated without envy because every prudent man wants to seek counsel and he is considered the best who through frequent calls has been proved to be the wisest. In the beginning of this your art, you are consecrated by oath similarly to the priest; promise solemnly to your masters to hate iniquity and to love honesty. Remember that to sin in connection with the health of a human being is the crime of homicide. And while I honor you with the title of Comes Archiatrorum (Archiatri = Physicians) to the end that those best esteemed among the masters of the healing art shall call upon your judgment, your advice to be just arbiter in this chosen art. . . to the expert the pulse reveals what are the internal afflictions and to his eyes the urine. Enter freely our palace, with full trust.

Editor's Note: Coming now to our own times, the quotations above may be concluded:

ROBERT LOUIS STEVENSON'S CLASSIC TRIBUTE TO THE PHYSICIAN

There are men and classes of men that stand above the common herd—the soldier, the sailor, and the shepherd not infrequently; the artist rarely; rarelier still, the clergyman; the physician almost as a rule—he is the flower (such as it is) of our civilization; and when that stage of man is done with, and only to be marveled at in history, he will be thought to have shared as little as any in the defects of the period, and most notably exhibited the virtues of the race. Generosity he has, such as is possible to those that practice an art, never to those who drive a trade; discretion, tested by a hundred secrets; tact, tried in a thousand embarrassments; and what are more important, Herculean cheerfulness and courage so that he brings air and cheer into the sick-room, and often enough, though not so often as he wishes, brings healing.

OSLER'S THREE IDEALS

I have three personal ideals. One, to do the day's work well and not to bother about tomorrow. It has been urged that this is not a satisfactory ideal. It is; and there is not one which the student can carry with him into practice with greater effect. To it, more than to anything else, I owe whatever success I have had—to this power of settling down to the day's work and trying to do it well to the best of one's ability, and letting the future take care of itself.

The second ideal has been to act the Golden Rule, as far as in me lay, toward my professional brethren and toward the patients committed to my care.

And the third has been to cultivate such a measure of equanimity as would enable me to bear success with humility, the affection of my friends without pride, and to be ready when the day of sorrow and grief came to meet it with the courage befitting a man.—(The Life of Sir William Osler, by Harvey Cushing.)

YOUR PHYSICIAN

By FLORENCE FISHER PARRY

Nothing can take his place — not priest nor minister nor all the clinics that science can provide—There is a rapport and a confidence between him and his patient which has been known to accomplish Miracles, and restore to the breasts of mothers babies about to die, and to the arms of lovers, beloved turned back from Death — For there's something about the very presence of the Family Doctor that casts out fear, melts apprehension, breaks down suspense, performs the simple miracle of Faith — We know how hard the life is that he's chosen. We know that he's abused, imposed upon, worn; that his days are not his own, and his nights are snatched and torn. And, we wonder, where are his rewards? What compensation is his? Oh, I think he is greatly repaid; greatly to be envied. His rewards are kingly prizes. The prize of WELCOME. That's a great reward. To have one's presence a blessing. To know that the mere SIGHT of you brings heart's ease; stirs the wan pulse, brightens the fading eye. — The prize of CONQUEST. All men like that. Winning against odds. To stay a fever; energize a pulse; throw breastworks against the advance of disease. Here, indeed, are paths of Glory that do not lead to the grave but AWAY from it. I cannot think of

greater conquest.—The prize of CONFIDENCE. That's a proud possession. Some priests know it; some ministers; and friends, if they're time tried. But the Family Doctor is the final confessional, a refuge not only for repentant hearts, but sick and craven hearts as well.—The prize of HUMAN WISDOM—that deep knowledge that comes from being continually exposed to the pitiful frailties of mankind. You do not deceive the Family Doctor; you do not attempt to. But, knowing you, he is still compassionate; for he has learned to expect little of greatness in his fellow man. —Above all, I think I envy him his prize of SELFLESSNESS. He is FREE, for he has already given up his life, so has nothing left to fetter him. —There is much talk of state control of medicine; and legislation dips its partial fingers into the sterile waters of our doctors, seeking to arbitrate over their mission of mercy. I Dare Say there are certain restricted fields of medicine in whose confines the legislative hand could work productively. But the ineffable value of the HUMAN TOUCH in medicine, is something that transcends all legislation.—What legislation indeed, what politics, what state control or organized social program, can hope to substitute that HUMAN BOND that exists between the FAMILY DOCTOR and his patient?

Editor's Note: And finally, the verses of "Physician's Prayer":

PHYSICIAN'S PRAYER

Lord, Who on earth didst minister
To those who helpless lay
In pain and weakness, hear me now,
As unto Thee I pray.
Give to mine eyes the power to see
The hidden source of ill,
Give to my hand the healing touch
The throb of pain to still.
Grant that mine ears be swift to hear
The cry of those in pain;
Give to my tongue the words that bring
Comfort and strength again.
Fill Thou my heart with tenderness,
My brain with wisdom true
And when in weariness I sink,
Strengthen Thou me anew.
So in Thy footsteps may I tread,
Strong in Thy strength alway;
So may I do Thy blessed work
And praise Thee day by day.

You should remember that though another may have more money, beauty, and brains than you; yet when it comes to the rarer spiritual values such as charity, self-sacrifice, honor, nobility of heart, you have an equal chance with everyone to be the most beloved and honored of all people.

NEW CHAPTERS INSTALLED IN DALLAS

Alpha Omicron Reinstalled at Southwestern

A new chapter of Actives, and also an alumni chapter, were added to Phi Rho Sigma on March 5, 1949, when Alpha Omicron Chapter was reinstalled at Southwestern Medical College and the Dallas Alumni Chapter was newly chartered. Presentation of a reinstallation charter to the undergraduate chapter and of a new charter to the alumni chapter was made by National President Paul McLain at a banquet held in honor of the new groups at the Hotel Melrose in Dallas, Texas.

Earlier in the evening the Alpha Omicron charter group had been initiated in an impressive ceremony in the chapter house at 3708 Rawlins Street. The ritual was conducted by an initiation team from Alpha Nu Chapter of the University of Texas, and was presented in excellent manner. The new initiates who made up the charter reorganization group were: Harbert Chancellor, Jr., Arthur de Larios, Guy Marlow, Thomas Renfroe, and John Rountree.

Alpha Omicron Chapter was originally chartered on October 31, 1939, at Baylor Medical School in Dallas. In 1943, when Baylor Medical School was transferred to Houston, and Southwestern Medical College was founded, the charter originally granted to Baylor was transferred to Southwestern. Shortly thereafter, partly because of the split in the chapter occasioned by the moving of Baylor Medical School and partly because of unfavorable war time conditions, the chapter at Southwestern became inactive. The present reactivation followed a year's work of careful planning and organization.

The men chiefly responsible for the success of the work are Dr. Glenn Terry, President of the Dallas Alumni Chapter, and Dr. George Tate, both of whom were members of the original Alpha Omicron group. Dr. Tate is now at the Veterans Hospital in Alexandria, Louisiana and unfortunately was unable to attend the ceremonies. Assisting Doctors Terry and Tate were the other officers of the Dallas Alumni Chapter, Dr. Bob Lauck, Vice-President, Dr. Tom Kelly, Secretary-Treasurer, and five members of the Board of Directors: Dr. Everett C. Fox, Dr. Karl B. King, Dr. Edwin L. Rippy, Dr. W. H. Bradford, and Dr. Ben F. Harrison.

In making the presentation of the charters, President McLain expressed the hope and the belief that the new chapters would expand rapidly and develop into a strong force for Phi Rho Sigma in the State of Texas. He praised the spirit of cooperation which had led to the successful organization of the new groups and stated that as long as this spirit continued the future of the chapters was assured. Particular thanks were extended to the fine initiation team from Alpha Nu Chapter which had made the trip from Galveston for the express purpose of initiating the undergraduate charter members.

The Alpha Omicron charter was received by Harbert Chancellor, president of the undergraduate group, and the Dallas Alumni charter was accepted by Dr. Glenn Terry. Dr. Terry promised that the alumni would do everything in their power to insure the future strength and solidarity of both the active and the alumni chapters. He stated that the occasion was the culmination of the earnest hopes of many of the Alpha Omicron alumni.

In addition to President McLain, the Grand Chapter was represented by Dr. C. H. William Ruhe, Secretary-Treasurer, and Dr. Truman G. Blocker, Jr., Chairman of the Grand Chapter Committee on Central Office and Councilor for Alpha Nu Chapter.

Dr. Richard M. Nay *(Pi—Indiana)*, member of the staff of the Indiana University School of Medicine, was recently appointed medical director of the Indianapolis Life Insurance Company. Dr. Nay held a Fellowship at Mayo Clinic following his graduation from the Indiana University School of Medicine in 1938 and an internship in the Medical Center hospitals. Dr. Nay served two years with the Army Medical Corps.

FACETS OF FAMOUS PHI RHOS

RALPH W. ELLIOTT, M.D., *Kappa*

Undoubtedly the best known of all national officers, Ralph recently retired as Secretary-Treasurer of the Grand Chapter after twenty-five years of devoted service. . . .One of the founders of Kappa Chapter and a charter member. . . .Elected Treasurer at the Omaha Convention in 1921, and Secretary-Treasurer at the New Orleans Convention in 1925. . Founder of the Elliott Dollar Student Loan Fund. . . . Developed and expanded the function of the Central Office. . . . Systematized and modernized the records of the fraternity. . . . Introduced the simplified system of chapter accounting. . . Noted for his kindness, patience and understanding in conferences with chapter representatives which endeared him to everyone who had contact with him. . . . Acknowledged expert in handling of financial affairs of the fraternity and in formulating the fraternity budget. . . Member of the Board of Trustees for a generation. . . Longtime representative of Phi Rho Sigma at National Medical Interfraternity Council. . . . A most welcome and constructive chapter visitor as Executive Council representative. . . . Subordinated his home and professional life to the service of Phi Rho Sigma. . . Outstanding in the maintenance of alumni activity and organization of a firm financial basis for Western Reserve's Kappa chapter. . . One whose devoted service to his fraternity makes all who know him wish that the clock might be turned backward so that the toll of years would permit the return of his experienced hand and his kindly heart to the destinies of Phi Rho Sigma that he loved so dearly, and to the active association of his confreres who love him so deeply. . . RALPH ELLIOTT has lived Phi Rho Sigma and represents the best of medical fraternalism. . . 1948 National Convention dedicated to Ralph Elliott as a memorial to his years of inestimable brotherhood.

Ed. Note: A contributor to THE JOURNAL OF PHI RHO SIGMA has promised to submit for each issue, an article on some member of Phi Rho Sigma whose past services for the Fraternity merit mention. Such a series should be of interest to both Alumni and Actives.

Books for the Doctor

By W. J. STAPLETON, Jr., M.D.

THE DEVELOPMENT OF MODERN MEDICINE.

By Richard Harrison Shyrock, M.D. Alfred A. Knopf, New York, $5.00.

Here is a new edition of this fine book on medical history. It tells the story from the 17th century to the present day. A must book for all lovers of medical history.

* * *

ALBERT SCHWEITZER—AN ANTHOLOGY.

Edited by Charles R. Joy. Harper and Brothers, New York, $3.75.

Here you will find the essential things about Schweitzer and his varied writings. Schweitzer is one of the greatest living individuals in the world today—theologian, foremost exponent of Bach, organ builder, philosopher, and a missionary doctor in Africa.

ALBERT SCHWEITZER — THE MAN AND HIS MIND.

By George Seaver. Harper and Brothers, $3.75.

Who gives us a biography of, as the New York Times says, "a mental, physical and spiritual giant." You will be well repaid for reading these two books.

Chapter Eternal

LACEY L. SHULER
1893 - 1949

Dr. Lacey L. Shuler, *(Pi—Indiana)* 56 years old, chief of orthopedic service at General Hospital and recognized as one of the Midwest's outstanding orthopedic surgeons, died on December 31, 1948.

He succumbed in an ambulance in a Cincinnati suburb while en route from Indianapolis to a Cincinnati hospital and was pronounced dead at the General Hospital there.

A veteran of both World Wars, Dr. Shuler had practiced in Indianapolis more than 28 years and spent 18 months in the Army Medical Corps during the recent conflict.

He became chief of the orthopedic section of the 104th General Hospital unit in England.

He was a former professor and was chairman of the Orthopedic Department of the Indiana School of Medicine until 1933.

BRADBURY NORTON ROBINSON
1884 - 1949

Bradbury Norton Robinson, *(Chi-Eta—St. Louis)*, twice mayor of the city of St. Louis, Michigan, died on March 7th, following surgery at the Veterans Hospital, Bay Pines, Florida. The doctor had gone south to recuperate from a recent attack of pneumonia.

Long recognized as one of the city's political and civic leaders, Dr. Robinson, an active member of the Gratiot County Republican organization and many times a delegate to State conventions, served St. Louis as mayor in 1931 and in 1937. Although without official capacity in subsequent years, he continued to promote various activities in the community's interest with the support of a large following, who honored his opinions.

His interest in the promotion of civic welfare of the city in which he lived and operated the Robinson Clinic, was second only to his devotion to football. As a grid player at the University of St. Louis, he is credited with making the world's record 87-yard forward pass in 1906 to achieve nation-wide recognition in the sports world. His football prowess at the University of Wisconsin had led Sports officials of the Missouri school to encourage his transfer to St. Louis.

After completing his medical training, Dr. Robinson was sent overseas as an Army Captain in World War I. He remained in Europe, after termination of the war, as a surgeon with the U. S. Health Service, serving in France, England, Scotland, Ireland, Belgium and Holland.

ROBERT H. COWLEY
1871 - 1949

Robert H. Cowley *(Kappa—Western Reserve—Charter Member)*, died November 20 in Berea, Ky., at the age of 77. Death was due to heart failure.

Retired in 1941 as college physician of Berea College, Berea, Ky., Dr. Cowley had served the College since 1904 and during those 37 years had been instrumental in the great advancement in student health care from a small cottage with 5 beds and practically no equipment. In addition to the college position, he served as general practitioner over a wide area of the country surrounding Berea, traveling in the early days by horseback and by buggy.

Dr. Cowley was born in Lorain, O., October 25, 1871, and received his undergraduate training at Oberlin College, where he was later honored with an honorary Doctor of Science degree in 1930. He also held an honorary degree from Berea College.

ADELBERT E. TORRENS
1874 - 1948

Adelbert Elmer Torrens, M.D., *(Chi—Pittsburgh)*, who was born at Coulterville, Pa., in 1874, and was graduated from the University of Pittsburgh in 1902, died Saturday, November 13, 1948.

WALTER G. AUGHENBAUGH
1889 - 1948

Walter Garvin Aughenbaugh, M.D., *(Chi—Pittsburgh)*, who was born in 1889, and was graduated from the University of Pittsburgh in 1913, died Tuesday, November 23, 1948.

AMA Told Nation Needs Family Doctors

Los Angeles Times

CHICAGO, Feb. 5 (U.P.)—A Colorado medical professor said today that the family doctor must remain as chief mainstay of the nation's medical care system.

Dr. Ward Darley of the University of Colorado told the American Medical Association's conference on rural health that the trend toward specialization in medicine is "wreaking havoc with patient-physician relationships."

Medical care, he said, "no matter how superior it may be from the scientific standpoint," cannot be truly effective unless the physician can make "maximum use of his own personality as an agent of comfort and therapy."

"A doctor's influence," Darley said, "can do much to prevent the full-blown neurotic conditions which constitute or complicate about 50% of the average physician's practice."

WHAT THE PRESS WRITES ABOUT THIS AND THAT IN MEDICAL AND FRATERNAL CIRCLES . . . "WE QUOTE:"

As True Today, As When Benjamin Franklin Penned the Thought in 1777.

All Europe is on our Side of the Question, as far as Applause and Good Wishes can carry them.—Those who live under arbitrary Power do nevertheless approve of Liberty, and wish for it; they almost despair of recovering it in Europe; . . . 'tis a Common Observation here, that our Cause is *the Cause of all Mankind*, and that we are fighting for their Liberty in defending our own. *(Benjamin Franklin—1777)*

Program of the American Medical Association for the Advancement of Medicine and Public Health

Journal of American Medical Association

A Federal Department of Health

1. Creation of a Federal Department of Health of Cabinet status with a Secretary who is a Doctor of Medicine, and the coordination and integration of all Federal health activities under this Department, except for the military activities of the medical services of the armed forces.

Medical Research

2. Promotion of medical research through a National Science Foundation with grants to private institutions which have facilities and personnel sufficient to carry on qualified research.

Voluntary Insurance

3. Further development and wider coverage by voluntary hospital and medical care plans to meet the costs of illness, with extension as rapidly as possible into rural areas. Aid through the states to the indigent and medically indigent by the utilization of voluntary hospital and medical care plans with local administration and local determination of needs.

Medical Care Authority with Consumer Representation

4. Establishment in each state of a medical care authority to receive and administer funds with proper representation of medical and consumer interest.

New Facilities

5. Encouragement of prompt development of diagnostic facilities, health centers and hospital services, locally originated, for rural and other areas in which the need can be shown and with local administration and control as provided by the National Hospital Survey and Construction Act or by suitable private agencies.

Public Health

6. Establishment of local public health units and services and incorporation in health centers and local public health units of such services as communicable disease control, vital statistics, environmental sanitation, control of venereal diseases, maternal and child hygiene and public health laboratory services. Remuneration of health officials commensurate with their responsibility.

Mental Hygiene

7. The development of a program of mental hygiene with aid to mental hygiene clinics in suitable areas.

Health Education

8. Health education programs administered through suitable state and local health and medical agencies to inform the people of the available facilities and of their own responsibilities in health care.

Chronic Diseases and the Aged

9. Provision of facilities for care and rehabilitation of the aged and those with chronic disease and various other groups not covered by existing proposals.

Veterans' Medical Care

10. Integration of veterans' medical care and hospital facilities with other medical care and hospital programs and with the maintenance of high standards of medical care, including care of the veteran in his own community by a physician of his own choice.

Industrial Medicine

11. Greater emphasis on the program of industrial medicine, with increased safeguards against industrial hazards and prevention of accidents occurring on the highway, home and on the farm.

Medical Education and Personnel

12. Adequate support with funds free from political control, domination and regulation of the medical, dental and nursing schools and other institutions necessary for the training of specialized personnel required in the provision and distribution of medical care.

Cornell Upholds Right of Free Association

From the Cornell Daily Sun, February 7, 1949

A statement of Policy with respect to existence of Fraternity and other Organized Groups on the Campus:

A great university derives its strength and stature from adherence to the Principles of Freedom in a democratic society. The community of a great university, therefore, must embrace individuals, groups, and organizations which are vastly different and which exist for a variety of purposes. There are at Cornell over 250 clubs and

associations which result from student initiative. These include fraternities, sororities, religious clubs, political clubs, honor societies and many other organizations. Some have wider acceptance than others but all exist in the spirit of tolerance and diversity.

Cornell University as a corporate body was founded in the spirit of tolerance. Groups within this University are, therefore, free to constitute, reconstitute and conduct themselves in keeping with their own preferences so long as their existence does not corrupt the spirit of the University's existence.

The right of free association is an essential of democracy. This is the basis and the strength of the fraternities, sororities and other varied organizations in the University. *(C. W. de-Kiewiet, Provost)*

American Bar Association President F. E. Holman Describes F.D.R.'s Four Freedoms as Intellectual Fraud

Los Angeles Times, January 12

Americans are suckers for slogans, thinks Frank E. Holman, president of the American Bar Association.

"We are more emotional people than the French," he says. "When American politicians want to put something over they sell it by working on people's emotions with a catch phrase. We follow these banners without thinking what they mean or of the principles involved.

Holman, a Seattle lawyer who once was dean of law at the University of Utah, sat in a room in the Biltmore yesterday with a few reporters and thought out loud. A short time later he made a formal address before the Los Angeles Bar Association luncheon.

The interview was easy-bowing conversation.

"You know, I believe it started in World War I when we set out to make the world safe for democracy, a phrase of Woodrow Wilson's. We didn't stop to think whether the world wanted democracy. It seems a good deal of the world didn't.

"Franklin Roosevelt's four freedoms was the biggest intellectual fraud ever put over.

"An elephant in the zoo has the four freedoms. He has freedom from want; he is fed regularly. He has freedom from fear, his enemies, the lions and tigers, are in separate cages. He has freedom of speech; he can trumpet whenever he wants to. He has freedom of belief; he can think anything he likes.

"This elephant has Mr. Roosevelt's four freedoms but he lacks the most important freedom of all, freedom of movement, freedom to do what he wants—liberty.

Armed Services Seek Doctors and Dentists

Los Angeles Times

WASHINGTON, Feb. 15 (AP)—A drive is on to recruit physician and dental volunteers in the armed services.

A recruitment campaign committee, headed by Maj. Gen. Raymond W. Bliss, Army Surgeon General, estimated today that by July 30 the armed forces will be short 1600 physicians and 1160 dentists. By next December the shortage is expected to total 2200 physicians and 1400 dentists.

The drive is to be directed specifically to young men who received, in whole or in part, their professional education at government expense under the Army and Navy student training programs, and to those who were deferred from the draft to continue their professional education at their own expense and therefore did not see combat.

Socialized Medicine—McGill Dean Tells Danger in Britain

Los Angeles Herald Express, March 29

A warning that socialized medicine in England has given rise to some dangerous conditions was left today by Dr. Frederick Smith, dean of Canada's famed McGill University Medical School, with an audience of 150 physicians in Riverside.

"For example, a British doctor is permitted to care for as many as 4000 patients, whereas 2000 is the maximum one can care for adequately," he said.

Fees for socialized dentists in England are so set that it is more profitable to pull a tooth than to fill and save it, Dr. Smith added.

The distinguished Canadian scientist also disclosed that by studying "what appears to be pre-cancer cells," physicians can now predict cancer of the cervix in women two years before the actual onset of the disease.

He also declared that human cancer is not caused by a virus and it is not contagious.

Psychiatrist—Noted Specialist Raps Socialized Medicine

Los Angeles Herald Express, March 15

"If you want to know how socialized medicine will work, all you have to do is to realize that psychiatry has been socialized medicine for 100 years.

"That it hasn't worked at all is shown by the fact that 650,000 beds are now occupied by mental patients in this country."

Dr. C. Charles Burlingame, world-noted psychiatrist, had given that view of socialized medicine today as a speaker at the opening of the Fourth Conference on Childhood and Youth at the Immanuel Presbyterian Church here.

"Before the exponents of state medicine go any further," he declared, "let them prove their system in a field which has been theirs almost exclusively for more than a century.

"Let them bring up the treatment of mental illness to a point comparable to the private practice of medicine or surgery."

Dr. Burlingame said that evidence that insanity is inherited is still far from conclusive.

He said recent discoveries have revealed that "we can actually see mental disease, or its accompanying chemical effects on the cells, under the ultraviolet spectromicroscope."

Health Insurance Plan Is Packed With Evils

Dorothy Thompson, in Kansas City Times, December 20, 1948

It seems certain that we are going to take another step on the road to bureaucratic collectivism by the passage of a compulsory health insurance bill, to which President Truman is pledged.

The United States Public Health service is for it, as every government agency is always for a vast extension of its powers. The labor unions and farmers' organizations are for it because it sounds good. Industry would like to saddle the federal government with the expense of workmen's compensation cases. Professional social workers foresee great opportunities for themselves. And the physicians, 90 per cent of who are against it, cannot buck the trend. Besides, they are supposed to be "prejudiced," on the current theory that those who know most about anything are not reliable witnesses. . .

I am not against compulsory health insurance because it is "socialistic," but because it is the application of national socialism in the least appropriate field. Also, I have lived under such medical systems in England, Austria and Germany, and they were awful.

They cost the people far too much. They provide inferior services at a high price. They are incapable of dealing with really serious and complicated cases. They result in two sorts of medicine—good medicine for the well to do; and bad for the masses, at high cost to those who can least afford it. And they build up a vested interest of physicians and bureaucrats which the people will never get rid of.

The great joker in all these schemes is that they are put forward as "free," meaning something for nothing. Let their proponents at least tell the truth. What is advocated is compulsory insurance. Every worker in this country will have the cost subtracted from his pay envelope, and added (by his Employers) to the price of everything he buys. He will be paying for unused aspirins when he needs the money for oranges. He will be supporting innumerable filing clerks—a horrendous paper staff for 150 million people. When and if he

DELTA CHAPTER — U.S.C. INITIATION

Photograph of group of alumni, actives and Delta Chapter initiates (30), at the home of Councilor Joseph M. de los Reyes, in Glendale, California, on Sunday, April 24, 1949

gets ill, he will find himself as one of fifty patients (half of them hypochrondriacs bent on getting service for their money) whom a physician must examine in an hour!

And if he really is ill—and finds that under the slap-happy methods of overworked doctors, whose fees are assured anyhow, he gets not better but worse—he finally will, in desperation, consult one of those private physicians who refuse to join the assembly line and, atop all he already has put up, week by week, pay a private fee.

How do I know this? Because I have experienced it.

Just why this most inventive country seems compelled blindly to copy social measures originating elsewhere is baffling. We need better health service. Granted. We need many, many more hospitals. The existing hospitals need public aid, since the sources of private support are increasingly drained off in taxes. And we need more genuinely free medicine for people in real jams.

But before Congress passes any bill for universal sickness insurance—falsely called "health" insurance—it owes it to the American people to tell them exactly what a person with, say, an income of from $2,000 to $3,000 a year is going to have to pay over a working life of forty years to take care of his illnesses and just what services the government positively guarantees him in return for his money. Will it, for instance, sign on the dotted line that if his wife is in labor the government guarantees a bed and a physician at the critical moment.

Don't make me laugh! I've lived under these schemes.

Medical Schools in Need of Funds

AMA News Release

The need for additional financial support is one of the most important problems confronting medical schools, the American Medical Association announced recently.

This need is pointed out in the 48th annual report on medical education in the United States and Canada by the Council on Medical Education and Hospitals of the American Medical Association. The report is published in the September 4, 1948 issue of The Journal of the American Medical Association.

Medical schools in the United States are at present admitting the maximum number of students that their facilities will permit without lowering educational standards, Dr. Anderson states in the report. The total enrollment, excluding students taking a required intern year, in the 70 medical and seven basic medical science schools in the United States during the academic year 1947-1948 was 22,739 students. . . . .

The National Headquarters of the Selective Service System has conferred with representatives of the medical schools concerning policies whereby a certain number of students in premedical courses will be given consideration for deferment. . . .

These policies are expected to be published shortly in a directive for the Selective Service System, although they may not be forthcoming until the local boards are completely established.

In an editorial which appears in the September 4 issue, The Journal states:

"The Selective Service Act of 1948 renders liable for service in the armed forces men between 19 and 25 years of age, the age group from which the great majority of premedical and medical students are drawn. There does not seem to be any question that the deferment of medical students and physicians in their first year of internship will be authorized. Selective Service officials have indicated that they recognize the importance of allowing a sufficient number of students to continue their premedical education so that the number of students and graduates will not be reduced in the years ahead. . . .

During the period from July 1, 1947 to June 30, 1948 there were 5,543 graduates in the United States and three schools graduated two classes during this period. The record 6,389 graduates reported for 1946-1947 included the students graduated during a 13-month period in which 10 schools graduated two classes. The medical schools estimate that they will graduate 5,157 students during the year July 1, 1948 to June 30, 1949. . . . . (December, 1948.)

Medical Orthoepy
On Pronunciation of Medical Terms

The Editor recently wrote to Mead Johnson and Company, Evansville, Indiana, suggesting that reprints of three articles by Jean V. Cooke, M.D., be sent to the corresponding secretaries of Phi Rho Sigma chapters. The articles have the captions: "How's Your Medical Orthoepy" (highbrow for medical pronunciation); "Medical Orthoepy"; "Don't Take Your Word for it." Every medical student should have a copy of the reprint. A letter to the pharmaceutical firm, Mead Johnson and Company, Evansville, Indiana, will probably bring a reprint to those who make request.

LUNCHEON AT AMA CONVENTION

The Phi Rho Sigma luncheon at the annual session of the American Medical Association will be held this year on Wednesday, June 8, at 12:30 P.M., in the Ocean Dining Room of the Hotel Claridge in Atlantic City. All members of the Fraternity are urged to attend this luncheon.

PHI RHOS — HERE AND THERE AS THEY COME AND GO

Dr. Alan R. Moritz, *(Iota—Nebraska)*, Professor of Legal Medicine at Harvard University, will return to Western Reserve in August to become Professor of Pathology and Director of the Institute of Pathology. He will succeed Dr. Howard T. Karsner, who is going to Washington as medical research advisor to the Navy.

Dr. Moritz, born in Hastings, Neb., December 25, 1899, received the B.S., M.A. and M.D. degrees at the University of Nebraska, and in 1945 was awarded an honorary M.A. by Harvard University.

In 1939 Dr. Moritz assumed his duties as Professor of Legal Medicine at Harvard, and became Pathologist for the Massachusetts Public Safety Department, and visiting lecturer in legal medicine at Boston University and Tufts Medical School.

Last year he was brought to Cleveland by a committee of 40 interested citizens appointed by the County Commissioners, to present the many arguments in favor of a site for the new Cuyahoga County morgue near a hospital affiliated with the University.

Among his many scientific affiliations and responsibilities he has been chairman of the American Medical Association's Committee on Law-Medical Relations since 1941. His recent research has included studies on the effect of radiation on tissues, and investigations on the internal and external effects of heat and hot gases on the animal organism.

Upon Dr. Moritz's departure from Western Reserve the September 1937 issue of the *Clinical Bulletin* contained an article by Dr. Karsner which emphasized Dr. Moritz's reputation as a pathologist and investigator, his unexcelled skill in surgical diagnosis, particularly of thyroid disease and brain tumors, his clinicopathological conferences marked by succinctness and clarity, and above all the clinical touch he maintained in the correlation of form and function. "Enthusiasm, charm, good fellowship, sincerity and kindliness combine into a warmly attractive personality," Dr. Karsner wrote. "Inherent in his fine character are honor and integrity. One of his most endearing qualities is unwavering loyalty to his ideals, to his associates and to the institutions he serves."

Advancement of Dr. Carl P. Huber, *(Zeta—Michigan)*, has been advanced to the chairmanship of the new Department of Obstetric and Gynecology in the Indiana University School of Medicine with the rank of Professor.

Dr. Huber, formerly Associate Profesor of Obstetrics and Gynecology, has been a member of the staff of the Medical School and the University hospitals at the Indiana University Medical Center for nearly ten years. He came to the School of Medicine in 1938 from the University of Chicago as Assistant Professor of Obstetrics and Director of Postgraduate Education in Obstetrics. In addition he was asociated with the Division of Maternal and Child Health of the Indiana State Board of Health.

In addition to his teaching and his service at the William H. Coleman Hospital for Women at the Medical Center, Dr. Huber has won recognition as the author of various papers on medical subjects and especially for his contributions on obstetrics and gynecology to medical literature.

Dr. J. S. De Tar, *(Epsilon—Wayne)* of Milan, Michigan, was formally honored on March 23 as "Michigan's Foremost Family Physician" for the year 1948. Dr. De Tar was presented with a scroll designating him as recipient of the award at a special session of the Michigan Post Graduate Clinical Institute. Dr. De Tar's public service to his community, as well as his contributions in the field of medicine, was recognized in the award made to him. He was largely instrumental in the establishment of Milan's first library and was active in the organization of a boy's club and community council for combatting juvenile delinquency. He had much to do with the establishment of the Washtenaw County Health Department, rated as one of the prominent county health departments in the United States. Dr. De Tar is Speaker of the House of Delegates of the Michigan State Medical Society and serves on the governing boards of the Michigan Medical Service and the Michigan Hospital Service.

Dr. J. Mackenzie Brown *(Delta—U.S.C.)*, of Los Angeles has been honored by being made President-Elect of the American Academy of Ophthalmology and Otolaryngology. Dr. Brown is also a member of three council committees of the American Academy: Executive, Research and Finance, Activities, and Program. Dr. Brown for many years has been a member of the teaching staff in Otolaryngology of the University of Southern California, and for many years was Chief of the otolaryngology clinics at the large Los Angeles County General Hospital.

Dr. Francis L. Anton *(Delta—U.S.C.)*, who is in his fiftieth year of service at California Hospital in Los Angeles, was named Chairman Emeritus at the recent annual meeting of the Attending Staff.

Harvey G. McNeil, *(Delta—U.S.C.)*, attached to the California Hospital at Los Angeles for the last forty-eight years, was recently elected Chairman of the Attending Staff.

The American College of Allergists

More than 1000 physicians interested in allergy, from North America and abroad, gathered at the Palmer House in Chicago, Illinois, from 2 P. M. Thursday, April 14, to 5:30 P. M. Sunday, April 17. There were scientific exhibits and 40 technical exhibits of interest to allergists.

One of the features of the program was a colored movie on "Bronchoscopy." There was a symposium on "Mold Fungi in the Etiology of Respiratory Allergic Diseases" and a discussion on "Cottonseed Protein vs. Cottonseed Oil Sensitivity." The many papers on the program ranged from the most practical application of diagnosis and therapy in allergic diseases in investigative fields of great importance.

On Sunday afternoon, April 17, was held a Panel Discussion on Pediatric Allergy. This will be recorded and published in book form such as was the symposium on "Psychosomatic Allergy" and the one in press on "Otolaryngolic Allergy." Phi Rhos who are interested may obtain further information from Dr. Jonathan Forman *(Omega—Ohio State)*, 956 Bryden Road, Columbus, Ohio.

The "Ten Greatest" Advances in Medicine

Editorial in U.S. Naval Medical Bulletin

Literary historians and critics are fond of such exercises as selecting the ten greatest novels, the six greatest poems, or the five greatest short stories. . . .

The following is one list that contains ten developments, any one of which would be difficult to do without in modern medical practice:

1. *The Hippocratic Code of medical ethics.*
2. *The use of the ligature in the control of hemorrhage.*
3. *The discovery of cinchona, the first important specific in therapy.*
4. *Smallpox vaccination, which has saved more lives, prevented more blindness, disfigurement, and human misery than any other one medical discovery.*
5. *Discovery of the bacterial origin of disease, the work of Pasteur and Koch.*
6. *The development of antiseptic and aseptic surgery (and obstetrics).*
7. *Discovery of the transmission of disease by insects or other animal vector.*
8. *Discovery of general and local anesthesia.*
9. *Diphtheria antitoxin.*
10. *The x-ray.*